ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St. Anthony Memorial Health Center

City: Michigan City County: LaPorte Year: 2003

Provider Type: General Acute

| I. Inpatient Care | | | | |
|---------------------------------|----|-------|--------|---------------------------------|
| Hospital Service Description | | | | Average Charge Per Discharge |
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Med/Surg | 14 | 0 | 2,326 | NR |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 77 | 5,440 | 20,818 | \$2,417 |
| Neonatal Intermed | 0 | 0 | 0 | \$0 |
| Obstetrics | 24 | 696 | 1,724 | \$3,533 |
| Pediatric | 15 | 536 | 1,591 | \$1,384 |

| Psychiatric | 0 | 0 | 0 | \$0 |
|-----------------|-----|-------|--------|----------|
| Rehabilitation | 49 | 1,198 | 7,277 | \$4,025 |
| Substance Abuse | 16 | 191 | 3,009 | \$11,297 |
| Swing Beds | NA | 0 | 0 | \$0 |
| Other Services | 19 | 329 | 3,509 | NA |
| Acute Subtotal | 214 | 8,390 | 40,254 | NA |
| Normal Newborn | 20 | 613 | 1,341 | \$1,116 |

| II. Outpatient Visits | | | | | |
|--|--------|---------------------|--------|--|--|
| Circulatory System | 3,949 | Digestive System | 3,425 | | |
| Endocrine System | 3,302 | Injuries and Poison | 7,349 | | |
| Mental Disorder | 966 | Musculoskeletal | 5,786 | | |
| Neoplasms | 2,268 | Nervous | 1,727 | | |
| Respiratory | 4,402 | Urinary | 4,134 | | |
| Other/Unknown | 27,954 | Total Visits | 65,262 | | |
| Number of Visits to Emerg | 25,183 | | | | |
| Percent of Emergency Department Visits of Total Visits | | | 38.6% | | |

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

| Y - Acute Renal Dialysis | Y - Alcohol/Drug Service | Y - Anesthesia Services |
|---------------------------------|-----------------------------|----------------------------|
| Y - Blood Bank | N - Burn Care Unit | N - Chiropractric Service |
| N - Coronary Care Unit | Y - Dental Services | Y - Dietetic Services |
| Y - Emergency Service | N - Home Care Program | N - Hospice |
| Y - Inpatient Surgical Services | Y - Intensive Care Unit | Y - Laboratory(Clinical) |
| Y - Laboratory(Anatomical) | Y - Long Term Care Unit | N - Neonatal Nursery |
| Y - Nuclear Medicine Services | Y - Obstetrics Services | |
| Y - Occupational Therapy | N - Open Heart Surgery | Y - Operating Room |
| Y - Optometric Service | N - Organ Bank | N - Organ Transplant |
| Y - Outpatient Service | Y - Outpatient Surgery Unit | Y - Pediatric Services |
| Y - Pharmacy | Y - Physical Therapy | Y - Postoperative Recovery |
| Y - Psychiatric Services | Y - Radiology(Diagnostic) | Y - Radiology(Therapeutic) |
| Y - Rehabilitation Services | Y - Respiratory Services | N - Self Care Unit |
| N - Shock Trauma | Y - Social Services | Y - Speech Pathology |

| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|
| | | | | | |

Health Care Regulatory Services

2003 Hospital Services Main Page